

Amendment No. 1 to SB4011

**Crowe
Signature of Sponsor**

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AMEND Senate Bill No. 4011

House Bill No. 3903*

By deleting all of the language after the enacting clause and by substituting instead the following:

SECTION 1. This act shall be known and may be cited as the "Tennessee Stroke Registry Act of 2008".

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 1, Part 19, is amended by adding the following language as a new section:

Section 68-1-1903.

(a) The East Tennessee State University college of public health, in cooperation with the Tennessee stroke systems task force, shall maintain a statewide stroke database that compiles information and statistics on stroke care involving prevalence, mortality, and performance metrics that align with the stroke consensus metrics developed and approved by the American Heart Association, Centers for Disease Control and Prevention and The Joint Commission. The college of public health shall make aggregate data available to the public health community via an annual report. The college of public health shall support this data platform based on nationally available stroke registry tools that are based on nationally-recognized, evidence-based guidelines. To every extent possible, the college of public health shall coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy.

(b) Beginning with calendar year 2009 and for each subsequent calendar year, hospitals are encouraged to annually report the following information to the college of public health:

- (1) The number of patients evaluated;
- (2) The number of patients receiving acute interventional therapy;
- (3) The amount of time from patient presentation to delivery of acute interventional therapy;
- (4) Patient length of stay;
- (5) Patient functional outcome;
- (6) Patient morbidity;
- (7) The number of deep vein thrombosis prophylaxis given;
- (8) The number of patients discharged on antiplatelet, antithrombotics or both;
- (9) The number of patients with atrial fibrillation receiving anticoagulation therapy;
- (10) The number of tissue plasminogen activators (tPA) administered;
- (11) The number of times antithrombotic medication was administered within forty-eight (48) hours of hospitalization;
- (12) The number of lipid profiles ordered during hospitalization;
- (13) The number of screens for dysphagia performed;
- (14) The number of times stroke education was provided;
- (15) The number of times a smoking cessation program was provided or discussed;
- (16) The number of patients assessed for rehabilitation and whether a plan for rehabilitation was considered;
- (17) The number of emergency medical services (EMS) stroke patients transported to the facility;
- (18) The number of EMS stroke patients admitted to the hospital;

(19) The number of strokes by type, including ischemic, hemorrhagic, transient ischemic attack (TIA) or stroke of uncertain type; and

(20) The number of patients discharged on cholesterol reducing medications.

(c)

(1) This section shall not be construed as a medical practice guideline and shall not be used to restrict the authority of a hospital to provide services for which it has received a license to provide such services under state law.

(2) This section shall not be construed to authorize any disclosure of information that would be prohibited pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d et seq.

(3) The college of public health shall not disclose any hospital-specific information reported to it.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.